FORM D

SEC Mail Processing

Section

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D 1404196

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number:	3235-0076						
Expires Apri	I 30, 2008						
Estimated avera	ge burden						
hours per respor	nse: 16.00						

Prefix Serial

DATE RECEIVED

Washington, 55	<u> </u>									
101										
Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.)										
Liberty Harbor I, LLC: Limited Liability Company Units										
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐ Section	n 4(6) ULOE									
Type of Filing: ☐ New Filing ☐ Amendment										
A. BASIC IDENTIFICATION DATA										
Enter the information requested about the issuer										
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)										
Liberty Harbor I, LLC										
	ne Number (including Area Code)									
One New York Plaza, New York, New York 10004 (212) 902-1000										
Address of Principal Business Operations (Number and Street, City, State and Zip Code) Telephone	ne Code)									
(if different from Executive Offices)	1 Device and the second									
(if different from Executive Offices) Brief Description of Business To operate as a private investment fund. PROCESSED JUL 2 2 2008										
Brief Description of Business)									
To operate as a private investment fund.	s communication and annotation and a state									
Type of Business Organization THOMSON DELITERO	_ 08056342									
Type of Business Organization Corporation Ilmited partnership, already formed timited	(please specify):									
□ business trust □ limited partnership, to be formed Limited	Liability Company									
Month Year										
Actual or Estimated Date of Incorporation or Organization: 0 3	Actual									
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for										
State: CN for Canada; FN for other foreign jurisdiction	D E									

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2.	Enter the information requested for the following:										
	* Each promoter of the issuer, if the issuer has been organized within the past five years;										
	* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;										
	* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and										
	Each general and managing partner of partnership issuers.										
Che	eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Ful	l Name (Last name first, if individual)										
GS	Investment Strategies, LLC (the Issuer's Managing Member)										
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)										
On	e New York Plaza, New York, New York 10004										
Che	eck Box(es) that Apply:										
ì	l Name (Last name first, if individual)										
	Idman Sachs Direct Strategies Fund, LLC										
	siness or Residence Address (Number and Street, City, State, Zip Code)										
	Old Slip, New York, NY 10005										
Che	eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner										
Ful	l Name (Last name first, if individual)										
Ad	ler, Ben										
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)										
c/o	GS Investment Strategies, LLC, One New York Plaza, New York, NY 10004										
Che	eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Ful	l Name (Last name first, if individual)										
Fel	ton, Gregg										
	siness or Residence Address (Number and Street, City, State, Zip Code)										
c/o	GS Investment Strategies, LLC, One New York Plaza, New York, NY 10004										
- Che	eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Ful	Name (Last name first, if individual)										
Fre	echette, David										
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)										
c/o	GS Investment Strategies, LLC, One New York Plaza, New York, NY 10004										
Che	eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Ful	l Name (Last name first, if individual)										
Ler	ntini, Sal										
	siness or Residence Address (Number and Street, City, State, Zip Code)										
c/o	GS Investment Strategies, LLC, One New York Plaza, New York, NY 10004										
	eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner										
Ful	l Name (Last name first, if individual)										
Ma	atthews, Will										
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)										

A. BASIC IDENTIFICATION DATA

c/o GS Investment Strategies, LLC, One New York Plaza, New York, NY 10004

2.	E	nter the information rec	quested for the fol	lowi	ng:								
	*	* Each promoter of the issuer, if the issuer has been organized within the past five years;											
	*	* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;											
	*	* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and											
	*	Each general and m	anaging partner o	f par	tnership issuers.			_					
<u>c</u>	heck	Box(es) that Apply:	☐ Promoter		Beneficial Owner	Ø	Executive Officer		Director	D	General and/or Managing Partner		
		ame (Last name first, if	individual)										
		vern, Brendan											
	Business or Residence Address (Number and Street, City, State, Zip Code)												
_		Investment Strategie							D' ·		C1		
C	heck	Box(es) that Apply:	☐ Promoter		Beneficial Owner	M	Executive Officer		Director		General and/or Managing Partner		
F	ull N	ame (Last name first, if	individual)										
<u> 0</u>	'Cor	anor, Gavin			·····								
1		ess or Residence Addre	•		et, City, State, Zip C	-							
		S Investment Strategie			rk Plaza, New York Beneficial Owner			_	Director		General and/or		
L	леск	Box(es) that Apply:	☐ Promoter	u	Beneficial Owner		Executive Officer		Director		Managing Partner		
F	ull N	ame (Last name first, if	individual)						-				
В	usine	ess or Residence Addre	ss (Number and	Stre	et, City, State, Zip C	ode))						
C	heck	Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner		
F	ull N	ame (Last name first, if	individual)										
B	usine	ess or Residence Addre	ss (Number and	Stre	et, City, State, Zip C	ode)							
	heck	Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner		
F	ull N	ame (Last name first, it	`individual)		-			<u> </u>					
В	usine	ess or Residence Addre	ss (Number and	l Stre	et, City, State, Zip C	(ode)						
	heck	Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director	0	General and/or Managing Partner		
F	ull N	ame (Last name first, if	individual)										
В	usine	ess or Residence Addre	ss (Number and	Stre	et, City, State, Zip C	(ode							
	heck	Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner		
F	ull N	ame (Last name first, if	individual)										
B	usine	ess or Residence Addre	ss (Number and	Stre	et, City, State, Zip C	ode)							

A. BASIC IDENTIFICATION DATA

				B. INI	FORMAT	ION ABO	UT OFFE	ERING				
•			<u> </u>			<u> </u>					Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											₩	
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?										\$5,0	00,000*	
*The Issuer may accept subscriptions for lesser amounts in the sole discretion of the Managing Member. 3. Does the offering permit joint ownership of a single unit?											Yes ☑	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any										ctly, any		
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.										offering.		
If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such												
					for that bro				F			
Full Name	(Last name	first, if ind	ividual)	** **	· <u>-</u>			<u></u>			-	
Goldman.	Sachs & C	0.										
			Number and	Street, City	y, State, Zip	Code)						
85 Broad	Straat Nav	Vork No	v York 100	104								
	ssociated B			, ,,,								
States in V	Vhich Perso	n Listed Ha	s Solicited of	or Intends to	o Solicit Pu	rchasers						·
(Check "	All States" o	or check ind	ividual Stat	es)		••••••				.:	🗹 /	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	: IIrst, 11 ind	ividuai)									
Business of	or Residence	e Address (l	Number and	Street, City	y, State, Zip	Code)						
						<u>-</u>						
Name of A	Associated E	roker or De	aler									
									_			
					o Solicit Pu						LJ V	Il Ctotes
-											(HI)	(ID)
[AL]	[AK]	[AZ]	(AR)	{CA} [KY]	[CO]	[CT] [ME]	[DE] [MD]	[DC] [MA]	(FL) [MI]	[GA] [MN]	[MS]	[MO]
(IL) (MT)	[IN] [NE]	[IA] [NV]	[KS] [NH]	[NJ]	[LA] [NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	(SD)	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(Last name	_		()	(~.)	<u> </u>	ţ · · · · · ·					
Business o	r Residence	Address (1	Number and	Street, City	y, State, Zip	Code)	· <u></u>					
		(-			,,	- /						
Name of A	Associated E	troker or De	aler									
Name of A	rssociated L	TORCI OI DO	aici									
					o Solicit Pu							
(Check ".	All States"	or check ind							•			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	(PA)
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	0	\$	0
	Equity	\$	0	\$	
	□ Common □ Preferred			-	·
	Convertible Securities (including warrants)	\$ _	0	\$	0
	Partnership Interests	\$_	0	\$	0
	Other (Specify: Limited Liability Company Units)	\$ _	826,951,030	\$	826,951,030
	Total	\$_	826,951,030	\$	826,951,030
	Answer also in Appendix, Column 3, if filing under ULOE.		 -		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				•
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		278	\$	826,951,030
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Turns of		Dollar Amount
	Type of offering		Type of Security		Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A	\$	N/A
	Rule 504		N/A	\$	N/A
	Total		N/A	\$	N/A
ti ti	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		Ø	\$	475,535
	Accounting Fees			\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)		0	\$	0
	Other Expenses (identify)			\$	0
	Total		\square	\$	475,535

	· C. OFFERING PRICE, NUMB	BER OF INVESTORS, EXP	ENS.	ES A	ND USE OF PR	COCE	EDS		
	 b. Enter the difference between the aggregate off Question 1 and total expenses furnished in res difference is the "adjusted gross proceeds to the iss 	ponse to Part C - Question 4.a	. Thi	S		\$_		326,475,495	
5.	Indicate below the amount of the adjusted gross p to be used for each of the purposes shown. If the furnish an estimate and check the box to the le payments listed must equal the adjusted gross pro- to Part C - Question 4.b. above.	amount for any purpose is not left of the estimate. The total	of th	ı, e					
					Payments to Officers, Directors, & Affiliates			Payments To Others	
	Salaries and Fees			\$_	0		\$ _	0	
	Purchase of real estate			\$_	0		\$ _	0	
	Purchase, rental or leasing and installation of macl	hinery and equipment		\$_	0		\$_	0	
	Construction or leasing of plant buildings and faci	lities		\$_	0		\$_	0	
	Acquisition of other businesses (including the va this offering that may be used in exchange for another issuer pursuant to a merger)	the assets or securities of		\$	0	_	s	0	
	•		_	* -	0	. –	° –	0	
	Repayment of indebtedness			⊸ –		•	*-		
	Working capital Other (specify): Investment Capital			\$_	0	. 🗆	3 –	0	
	Other (specify). Investment Capital.			\$_	0	Ø	\$ _	826,475,49 <u>5</u>	
	Column Totals			\$_		☑	\$ _	826,475,495	
Total Payments Listed (column totals added)							826,475,495		
		D. FEDERAL SIGNATU	RE						
f	The issuer has duly caused this notice to be signed ollowing signature constitutes an undertaking by the fits staff, the information furnished by the issuer to	e issuer to furnish to the U.S. So	ecuriti	ies an	d Exchange Comn	uission,	upon	r Rule 505, the written request	
lss	uer (Print or Type)	Signature			Date				
Lil	perty Harbor I, LLC	1 Qu			July <u>10</u> , 2008				
Name of Signer (Print or Type) Jon Yoder Title of Signer (Print or Type) Assistant Secretary of the Issuer's Managing Member									
		<u> </u>							

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

